EXHIBIT 14

WOMEN'S HEALTH SPECIALISTS OF MONTGOMERY COUNTY LLC . 12800 MIDDLEEPIGEROUNG GERALITON OND 20874-5204

NEWSOME, TAMARA (id , dob:

Clinical Document - Operative Note -

PATIENT NAME: NEWSOME, TAMARA

MR#: DATE OF SERVICE:

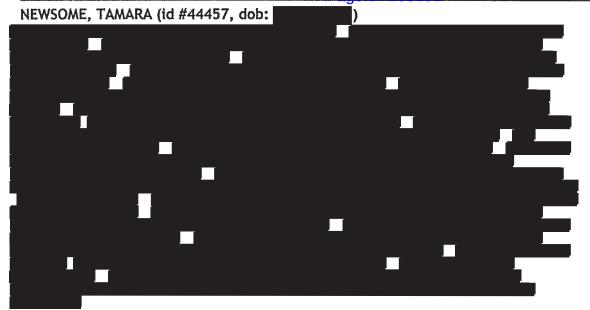
ACCT#:

LOCATION: PACU DICTATED BY:

I/P Operative Report







R: 0 13:43:54 T: 14:23:53 J: 589795 AJS/IN

D: 693488

CC

Lab Results

SURGICAL PATHOLOGY FINAL REPORT 04/14/2015 (# Corrected, 12:59pm)

| Ordering Provider | | Performing Lab | TRINITY HEALTH 27870 CABOT DE NOVI MI 48377 | TRINITY HEALTH 27870 CABOT DRIVE NOVI MI 48377 | |
|------------------------|--------|----------------|---|--|-----|
| Specimen/Accession ID | | | Specimen Source | | |
| Specimen Coll. Date | | | Result Status | Corrected | |
| Specimen Rec. Date | | | Report Status | | |
| Specimen Reported Date | | | | | |
| Report | Result | Ref. Range | Units 🛕 | Status | Lab |
| SURGICAL PATHOLOGY | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |